

State Non-Medicare Retiree and Survivor Rates

Monthly GIC Plan Rates as of July 1, 2010

NON-MEDICARE PLANS



| | NON-MEDICARE RETIREES Retired on or before July 1, 1994 And SURVIVORS ^{1, 2} | | NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement before August 10, 2009 | | NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or after August 10, 2009 and on or before October 1, 2009 with a retirement date on or before January 31, 2010 | | NON-MEDICARE RETIREES who filed for retirement after October 1, 2009 | |
|--|---|----------|--|----------|---|----------|--|----------|
| | 10% | | 15% | | 15% | | 20% | |
| Basic Life Insurance Only (\$5,000 coverage) | \$0.69 | | \$1.03 | | \$1.03 | | \$1.37 | |
| HEALTH PLAN (Premium includes Basic Life Insurance) | Retiree/Survivor Pays Monthly | | Retiree Pays Monthly | | Retiree Pays Monthly | | Retiree Pays Monthly | |
| | Individual | Family | Individual | Family | Individual | Family | Individual | Family |
| Fallon Community Health Plan Direct Care | \$ 42.18 | \$100.26 | \$ 63.26 | \$150.38 | \$ 63.26 | \$150.38 | \$ 84.34 | \$200.50 |
| Fallon Community Health Plan Select Care | 50.45 | 120.12 | 75.67 | 180.18 | 75.67 | 180.18 | 100.90 | 240.23 |
| Harvard Pilgrim Independence Plan | 60.99 | 147.98 | 91.48 | 221.96 | 91.48 | 221.96 | 121.97 | 295.95 |
| Harvard Pilgrim Primary Choice Plan | 48.55 | 117.59 | 72.82 | 176.37 | 72.82 | 176.37 | 97.08 | 235.16 |
| Health New England | 42.09 | 103.32 | 63.13 | 154.97 | 63.13 | 154.97 | 84.17 | 206.63 |
| NHP Care (Neighborhood Health Plan) | 42.04 | 110.27 | 63.06 | 165.40 | 63.06 | 165.40 | 84.07 | 220.53 |
| Tufts Health Plan Navigator | 58.68 | 141.49 | 88.01 | 212.23 | 88.01 | 212.23 | 117.35 | 282.97 |
| Tufts Health Plan Spirit | 46.71 | 112.44 | 70.06 | 168.65 | 70.06 | 168.65 | 93.42 | 224.86 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) | 114.41 | 265.71 | 153.09 | 355.59 | 153.09 | 355.59 | 191.77 | 445.47 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | 77.37 | 179.78 | 116.05 | 269.66 | 116.05 | 269.66 | 154.73 | 359.54 |
| UniCare State Indemnity Plan/Community Choice | 41.35 | 98.28 | 62.02 | 147.41 | 62.02 | 147.41 | 82.69 | 196.54 |
| UniCare State Indemnity Plan/PLUS | 56.79 | 134.57 | 85.18 | 201.85 | 85.18 | 201.85 | 113.57 | 269.13 |

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from "Retiree/Survivor Pays Monthly" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

For municipal and GIC Retired Municipal Teacher (RMT) rates, see separate rate sheets.



**Commonwealth of Massachusetts
Group Insurance Commission**

Your
Benefits
Connection



**Contribution percentages may change after
the Commonwealth's FY11 budget is enacted.**

For other plan considerations, see the GIC Benefit Decision Guide.

State Medicare Retiree and Survivor Rates

Monthly GIC Plan Rates as of July 1, 2010

MEDICARE PLANS

| | MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ^{1, 2} | MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement before August 10, 2009 | MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or after August 10, 2009 and on or before October 1, 2009 with a retirement date on or before January 31, 2010 | MEDICARE RETIREES who filed for retirement after October 1, 2009 |
|--|--|---|---|---|
| | 10% | 15% | 15% | 20% |
| Basic Life Insurance Only (\$5,000 coverage) | \$0.69 | \$1.03 | \$1.03 | \$1.37 |
| HEALTH PLAN (premium includes Basic Life Insurance) | Retiree/Survivor Pays Monthly | Retiree Pays Monthly | Retiree Pays Monthly | Retiree Pays Monthly |
| | PER PERSON | PER PERSON | PER PERSON | PER PERSON |
| Fallon Senior Plan ³ | \$ 23.24 | \$ 34.86 | \$ 34.86 | \$ 46.47 |
| Harvard Pilgrim Medicare Enhance | 38.51 | 57.76 | 57.76 | 77.01 |
| Health New England MedPlus | 36.91 | 55.35 | 55.35 | 73.80 |
| Tufts Health Plan Medicare Complement | 35.77 | 53.64 | 53.64 | 71.52 |
| Tufts Health Plan Medicare Preferred ³ | 22.94 | 34.41 | 34.41 | 45.87 |
| UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC (Comprehensive) | 46.47 | 64.38 | 64.38 | 82.29 |
| UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive) | 35.83 | 53.74 | 53.74 | 71.65 |

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from "Retiree/Survivor Pays Monthly" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

³ Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2011.

STATE RETIREE BENEFITS – Medicare and Non-Medicare

RETIREE OPTIONAL LIFE INSURANCE RATES

Including Accidental Death and Dismemberment

| RETIRED EMPLOYEE AGE | RETIREE SMOKER PAYS <i>Per \$1,000 of Coverage</i> | RETIREE NON-SMOKER PAYS <i>Per \$1,000 of Coverage</i> |
|-------------------------|--|--|
| Under Age 70 | \$ 1.63 | \$ 1.21 |
| 70-74 | 3.04 | 2.33 |
| 75-79 | 7.61 | 5.82 |
| 80-84 | 14.36 | 10.97 |
| 85-89 | 22.74 | 17.37 |
| 90-94 | 32.61 | 26.40 |
| 95-99 | 71.23 | 57.64 |
| Ages 100 and over | 136.57 | 110.51 |

GIC RETIREE DENTAL PLAN RATES

\$1,000 Maximum Annual Benefit per Member

| COVERAGE TYPE | RETIREE PAYS |
|---------------|--------------|
| SINGLE | \$25.61 |
| FAMILY | \$61.67 |

See Over for ACTIVE
EMPLOYEE Rates

State Employee Rates

Monthly GIC Plan Rates as of July 1, 2010



| For Employees Hired Before July 1, 2003 | | |
|---|------------------------|--------------------|
| 20% | | |
| EMPLOYEE PAYS MONTHLY | | |
| BASIC LIFE INSURANCE ONLY (\$5,000 coverage) | \$1.37 | |
| HEALTH PLAN (Premium includes Basic Life Insurance) | INDIVIDUAL COVERAGE | FAMILY COVERAGE |
| Fallon Community Health Plan Direct Care | \$ 84.34 | \$200.50 |
| Fallon Community Health Plan Select Care | 100.90 | 240.23 |
| Harvard Pilgrim Independence Plan | 121.97 | 295.95 |
| Harvard Pilgrim Primary Choice Plan | 97.08 | 235.16 |
| Health New England | 84.17 | 206.63 |
| NHP Care (Neighborhood Health Plan) | 84.07 | 220.53 |
| Tufts Health Plan Navigator | 117.35 | 282.97 |
| Tufts Health Plan Spirit | 93.42 | 224.86 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) | 191.77 | 445.47 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | 154.73 | 359.54 |
| UniCare State Indemnity Plan/Community Choice | 82.69 | 196.54 |
| UniCare State Indemnity Plan/PLUS | 113.57 | 269.13 |

For municipal rates, see separate rate sheets.



**Contribution percentages may change after
the Commonwealth's FY11 budget is enacted.**

For other plan considerations, see the GIC Benefit Decision Guide.



**Commonwealth of Massachusetts
Group Insurance Commission**

*Your
Benefits
Connection*

*For Employees Hired
On or After July 1, 2003*

25%

EMPLOYEE PAYS MONTHLY

\$1.71

| INDIVIDUAL COVERAGE | FAMILY COVERAGE |
|------------------------|--------------------|
| \$105.43 | \$250.62 |
| 126.12 | 300.29 |
| 152.46 | 369.93 |
| 121.35 | 293.95 |
| 105.21 | 258.28 |
| 105.09 | 275.66 |
| 146.68 | 353.71 |
| 116.77 | 281.08 |
| 230.46 | 535.35 |
| 193.42 | 449.42 |
| 103.37 | 245.68 |
| 141.96 | 336.41 |

LONG TERM DISABILITY RATES*

| ACTIVE EMPLOYEE AGE | STATE EMPLOYEE PAYS <i>Per \$100 of Monthly Earnings</i> |
|------------------------|---|
| Under 20 | \$0.09 |
| 20 - 24 | \$0.09 |
| 25 - 29 | \$0.11 |
| 30 - 34 | \$0.15 |
| 35 - 39 | \$0.19 |
| 40 - 44 | \$0.38 |
| 45 - 49 | \$0.55 |
| 50 - 54 | \$0.77 |
| 55 - 59 | \$0.98 |
| 60 - 64 | \$0.89 |
| 65 - 69 | \$0.41 |
| 70 and over | \$0.23 |

GIC DENTAL/VISION PLAN RATES

*For Managers, Legislators, Legislative Staff and Certain
Executive Office Staff**

| DENTAL/VISION PLAN | EMPLOYEE PAYS | |
|---------------------------------|------------------------|--------------------|
| | INDIVIDUAL COVERAGE | FAMILY COVERAGE |
| Value (PPO) Plan | \$4.11 | \$12.74 |
| Classic (Indemnity) Plan | \$5.70 | \$17.68 |

** Only available to active employees who meet certain criteria as
outlined in the GIC Benefit Decision Guide.*

OPTIONAL LIFE INSURANCE RATES – Including Accidental Death and Dismemberment

| ACTIVE EMPLOYEE AGE | EMPLOYEE SMOKER PAYS <i>Per \$1,000 of Coverage</i> | EMPLOYEE NON-SMOKER PAYS <i>Per \$1,000 of Coverage</i> |
|------------------------|--|--|
| Under Age 35 | \$0.09 | \$0.05 |
| 35 – 44 | \$0.13 | \$0.06 |
| 45 – 49 | \$0.24 | \$0.09 |
| 50 – 54 | \$0.38 | \$0.15 |
| 55 – 59 | \$0.58 | \$0.23 |
| 60 – 64 | \$0.88 | \$0.34 |
| 65 – 69 | \$1.57 | \$0.83 |
| Age 70 and over | \$2.81 | \$1.30 |

See Over for RETIREE/SURVIVOR Rates